

KANSAS CORPORATION COMMISSION 1047870
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 3895
Name: Bobcat Oilfield Services, Inc.
Address 1: 30805 COLD WATER RD
Address 2:
City: LOUISBURG State: KS Zip: 66053 + 8108
Contact Person: Bob Eberhart
Phone: (913) 285-0873
CONTRACTOR: License # 4339
Name: Jackson, Dale E & Sue Ellen dba Dale E. Jackson Production Co.
Wellsite Geologist: N/A
Purchaser: High Sierra Crude Oil

Designate Type of Completion:

- ☒ New Well ☐ Re-Entry ☐ Workover
☐ Oil ☐ WSW ☐ SWD ☐ SIOW
☐ Gas ☐ D&A ☒ ENHR ☐ SIGW
☐ OG ☐ GSW ☐ Temp. Abd.
☐ CM (Coal Bed Methane)
☐ Cathodic ☐ Other (Core, Expl., etc.):

If Workover/Re-entry: Old Well Info as follows:

Operator:

Well Name:

Original Comp. Date: Original Total Depth:

- ☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD
☐ Conv. to GSW

☐ Plug Back: Plug Back Total Depth

☐ Commingled Permit #:

☐ Dual Completion Permit #:

☐ SWD Permit #:

☐ ENHR Permit #:

☐ GSW Permit #:

11/29/2010 11/30/2010 12/21/2010

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-107-24263-00-00

Spot Description:

NW NE SE SE Sec. 5 Twp. 20 S. R. 23 ☒ East ☐ West
1,321 Feet from ☐ North / ☒ South Line of Section
349 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: Linn

Lease Name: Harvey Well #: A-8

Field Name: LaCygne-Cadmus

Producing Formation: Peru

Elevation: Ground: 886 Kelly Bushing: 0

Total Depth: 322 Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at: 20 Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set: Feet

If Alternate II completion, cement circulated from: 309

feet depth to: 0 w/ 50 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: ppm Fluid volume: bbls

Dewatering method used:

Location of fluid disposal if hauled offsite:

Operator Name:

Lease Name: License #:

Quarter Sec. Twp. S. R. ☐ East ☐ West

County: Permit #:

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

☐ Letter of Confidentiality Received

Date:

☐ Confidential Release Date:

☒ Wireline Log Received

☐ Geologist Report Received

☒ UIC Distribution

ALT ☐ I ☒ II ☐ III Approved by: Deanna Garrison Date: 12/23/2010

1047870

Operator Name: Bobcat Oilfield Services, Inc. Lease Name: Harvey Well #: A-8
 Sec. 5 Twp. 20 S. R. 23 ☒ East ☐ West County: Linn

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If no, Submit Copy) List All E. Logs Run: Gamma Ray/Neutron/CCL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width: 100%;"> <tr> <td style="width: 33%;">Name</td> <td style="width: 33%;">Top</td> <td style="width: 33%;">Datum</td> </tr> <tr> <td>Peru</td> <td>250</td> <td>GL</td> </tr> </table>	Name	Top	Datum	Peru	250	GL
Name	Top	Datum					
Peru	250	GL					

CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface casing	8.75	6.25	8	20	Portland	5	
Production casing	5.625	2.875	6	309	Portland/Fly Ash	50	60/40 Poz Mix

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
— Perforate				
— Protect Casing	-			
— Plug Back TD				
— Plug Off Zone	-			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4	250-254 & 260-263	Acid 500 gal 7.5% HCL	
	265-268 & 273-272		

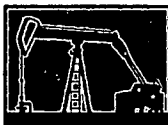
TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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TD: 322

SN: NONE	Packer:
Plugged:	Bottom Plug:

[illegible]



Dale Jackson Production Co.
Box 266, Mound City, Ks 66056
Cell # 620-363-2683
Office # 913-795-2991



Lease :	HARVEY
Owner:	BOBCAT OILFIELD SERVICES, INC.
OPR #:	3895
Contractor:	DALE JACKSON PRODUCTION CO.
OPR #:	4339

Core Run # 1

Well #: A-8
Location: NE, NE, SE-SE, S, T:20, S.R.:23 E
County: LINN
FSL: 4,300 1321
FEL: 320 349
API#: 15-107-24263-00-00
Started: 11-29-10
Completed: 11-30-10

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	253			OIL SAND (SHALEY) (GOOD BLEED)	254.5
1	254				
2	255				
3	256			SANDY SHALE (OIL SAND STREAKS) (POOR BLEED)	261.5
4	257				
5	258				
6	259				
7	260				
8	261				
9	262				
10	263			OIL SAND (SOME SHALE) (GOOD BLEED)	262.5
11	264			SANDY SHALE (SOME OIL SAND STREAKS) (POOR BLEED)	264.5
12	265			OIL SAND (VERY SHALEY) (FAIR BLEED) SANDY SHALE (SOME OIL SAND STREAKS) (POOR BLEED)	265.5
13	266				266
14	267			OIL SAND (SHALEY) (GOOD BLEED) SANDY SHALE (VERY LITTLE OIL)	268
15	268				
16	269				
17	270				
18	271				
19	272				
20	273				

Avery Lumber

P.O. BOX 66
MOUND CITY, KS 66056
(913) 795-2210 FAX (913) 795-2194

Merchant Copy

INVOICE

THIS COPY MUST REMAIN AT
MERCHANT AT ALL TIMES!

Page: 1

Invoice: **10028414**

Special :

Time:

08:51:39

Instructions :

Ship Date: 11/28/10

Sales rep #: MAVERY MIKE

Acct rep code:

Invoice Date: 11/30/10

Due Date: 01/05/11

Sold To: BOBCAT OILFIELD SRVC, INC
C/O BOB EBERHART
30805 COLDWATER RD
LOUISBURG, KS 68053

Ship To: BOBCAT OILFIELD SRVC, INC
(913) 837-2823

(913) 837-2823

Customer #: 3570021

Customer PO:

Order By: TERRY

8TH
T 27

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
350.00	350.00	L	BAG	CPPC	PORTLAND CEMENT	7.8900 BAG	7.8900	2795.50
160.00	160.00	L	BAG	CPPM	POST SET FLY A8H 75#	6.1000 BAG	5.1000	816.00
14.00	14.00	L	EA	CPQP	QUIKRETE PALLETS	17.0000 EA	17.0000	238.00

913.837.4154

Harvey
A-8 11:30

DIRECT DELIVERY 11.29.10

ORDERED BY PHONE
TERRY

INVOICE

FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$3850.50
SHIP VIA LINN COUNTY				Taxable	3850.50
RECEIVED COMPLETE AND IN GOOD CONDITION				Non-taxable	0.00
X				Sales tax	.242.58
				Tax #	
				TOTAL	\$4093.08

1 - Merchant Copy

